

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE
ANIMAL EUTHANASIA AGENCY

DOPL-AP-008 REV 11/12/2003

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

1. Submit a **\$290.00** non-refundable application-processing fee (made payable to "DOPL"), which includes a \$200.00 fee for an animal euthanasia license and a \$90.00 fee for a Utah controlled substance license.

ADDITIONAL IMPORTANT INFORMATION:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ❑ Division of Occupational & Professional Licensing Act
- ❑ General Rules of the Division of Occupational & Professional Licensing
- ❑ Utah Controlled Substances Act
- ❑ Utah Controlled Substances Act Rules
- ❑ Pharmacy Practice Act
- ❑ Pharmacy Practice Act Rules

You may also purchase them for a fee from Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

2. **Current Documents:** Applications, statutes, and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
3. **Controlled Substance License/DEA Registration:** You must hold a Utah controlled substance license **and** a DEA registration to administer, possess, or prescribe a controlled substance in Utah.

For DEA registration information, contact the Drug Enforcement Administration, Rock Mountain Division, 115 Inverness Drive East, Englewood CO 80112, 1-800- 326-6900.

4. **Inspection:** As a requirement for licensure, all facilities must pass an inspection. The Division will schedule an inspection of the facility.
5. **Exemption:** Individuals employed by an agency of the State or any of its political subdivisions, who are specifically authorized in writing by the state agency or the political subdivision to possess specified controlled substances in specified reasonable and necessary quantities for the purpose of euthanasia upon animals, shall be exempt from having a controlled substance license if the agency or jurisdiction employing that individual has obtained a controlled substance license, a DEA registration number, and uses the controlled substances according to a written protocol in performing animal euthanasia.
6. **License Renewal:** All animal euthanasia licenses expire May 31 of each odd-numbered year. Additionally, your controlled substance license will expire at the same time as your animal euthanasia license and will also need to be renewed.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal

information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.

7. **Updating Address Information:** It is your responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
8. **Name or Location Change:** If you change the name of your agency or if its location changes, you must submit a new application and new licensure fees.
9. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

10. **Telephone Numbers:** (801) 530-6628

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675
11. **Fax Number:** (801) 530-6511

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APPLICATION FOR LICENSURE

The business legal name is the name that will appear on the license. This is normally the name registered with the Division of Corporations. If there is a fictitious business name (doing business as), list that name also, e.g., XYZ Corporation dba XYZ Pharmacy. If the applicant is not required to be registered with the Division of Corporations, it is the name of the pharmacy or facility where the licensed activity is to be conducted. The physical location and mailing address is the actual location at which the licensed activity will be conducted and is the address where the Division will send all mail.

LICENSES APPLYING FOR: X Animal Euthanasia Agency
 X Controlled Substance

BUSINESS LEGAL NAME: _____

PHYSICAL LOCATION AND MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

CONTACT PERSON FOR LICENSING PURPOSES:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

DISCLOSURE OF NATURE OF BUSINESS: (Use additional sheets if necessary.)

LICENSES:

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held in any regulated occupation or profession. (Use additional sheets if necessary.)

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

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License Status: _____ License Number: _____ Effective Date: _____

PRESCRIPTION DRUGS INCLUDING CONTROLLED SUBSTANCES:

List ALL prescription drugs including controlled substances for which authorization is requested. (Use additional sheets if necessary.)

AUTHORIZED PERSONS:

Identify each person authorized to **purchase** prescription drugs, including controlled substances. (Use additional sheets if necessary.)

Name: _____ Title: _____

Position: _____

Social Security Number: _____ Date of Birth: _____

Name: _____ Title: _____

Position: _____

Social Security Number: _____ Date of Birth: _____

Name: _____ Title: _____

Position: _____

Social Security Number: _____ Date of Birth: _____

Identify each person authorized to **possess and administer** prescription drugs, including controlled substances. (Use additional sheets if necessary.)

Name: _____ Title: _____

Position: _____

Social Security Number: _____ Date of Birth: _____

Name: _____ Title: _____

Position: _____

Social Security Number: _____ Date of Birth: _____

Name: _____ Title: _____

Position: _____

Social Security Number: _____ Date of Birth: _____

Name: _____ Title: _____

Position: _____

Social Security Number: _____ Date of Birth: _____

VETERINARIAN:

Identify the veterinarian responsible for supervising the agency's program of euthanasia of animals using prescription drugs, including controlled substances.

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Utah Veterinarian License Number: _____

Utah Controlled Substance License Number: _____

TRAINING:

Describe the training each person will receive who is authorized to possess and administer prescription drugs, including controlled substances. Identify initial training, periodic in-service training, subject matter covered, hours of training, and qualifications of persons providing the training. (Use additional sheets if necessary.)

DIVERSION SAFEGUARDS:

Describe the facilities, controls, records, and systems that will be or are in place to provide for accountability of, the safe and proper utilization of, and the prevention of diversion of the prescription drugs including controlled substances. (Use additional sheets if necessary.)

HANDLING SAFEGUARDS:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

I have read the Utah Pharmacy Practice Act and Rules and the Utah Controlled Substances Act and Rules. I understand that I must confine my practice to that which is permitted by law. I also understand that if my request for licensure is granted, disciplinary action may be taken against my license for unlawful or unprofessional conduct.

Date of Signature: _____

ANIMAL EUTHANASIA QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
3. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever been permitted to resign or surrender a license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
4. _____ Is any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant currently under investigation or is any disciplinary action pending against such now by any licensing agency?
5. _____ Is any action related to the conduct or patient care of any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant pending at any hospital or health care facility?
6. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?

(Questions continue on following page.)

8. _____ Is any action pending against any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
9. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
10. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever been permitted to surrender a registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
11. _____ Is any action now pending against any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
12. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant been named as a defendant in a malpractice suit?
13. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
14. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
15. _____ If you are licensed in the occupation/profession for which you are applying, would any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant pose a direct threat to himself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?

(Questions continue on following page.)

16. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
17. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever been terminated from a position because of drug use or abuse?
18. _____ Is any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever currently using or has any recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
19. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which he has not successfully completed or is not now participating in a supervised drug rehabilitation program, or for which he has not otherwise been successfully rehabilitated?
20. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever had a documented case in which he was involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
21. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever been arrested for or charged with a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
22. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever been arrested for or charged with a felony in any jurisdiction?
23. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.

(Questions continue on following page.)

24. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
25. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever been allowed to make a plea in abeyance for any criminal charge for which the charge was later dismissed?
26. _____ Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

If you answered “yes” to questions 21, 22, 23, 24, 25, or 26 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____